

Access/Correction Request

Municipal Freedom of Information and Protection of Privacy

Please note: A \$5.00 application fee is required for all requests.

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Request for:	Name of Institution request made to:
 Access to General Records 	Clerks Division
 Access to Own Personal Information 	Town of Grimsby
☐ Correction to Own Personal	160 Livingston Avenue
Information	Grimsby, ON L3M 0J5
If request is for access to, or correction of, own personal information records:	
Full name appearing on records:	or □ same as below
Contact Information:	Mailing Address:
First Name:	
Middle Name:	
Last Name:	Street/Apt. No. /P.O Box/R.R. No.
Email:	City/Town
Phone Number (Day): ()	City/ Town
Phone Number (Evening): ()	Province Postal Code
be corrected. (If you are requesting access to or correction of your personal information, please identify the personal information, bank or record containing the personal information, if known*)	
*Note: If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.	
Preferred method of access to records:	
Examine Original	Signature:
☐ Receive Copy	Date:
For Office Use Only:	
☐ \$5.00 Application Fee Received Dat	e Received:
Request Number:	
Comments:	

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information and Privacy Co-ordinator at the Institution where the request is made.